

EEOC Form 5 (11/09)

**CHARGE OF DISCRIMINATION**

This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.

Charge Presented To:

Agency(ies) Charge No(s):

FEPA

EEOC

410-2022-04378

and EEOC

State or local Agency, if any

Name (Indicate Mr., Ms., Mrs.)

Tonesha Spaulding

Home Phone (Incl. Area Code)  
3475288269

Date of Birth  
08/21/1983

Street Address

City, State and ZIP Code

3840 Button Gate Ct, Lithonia, GA, 30038

US EEOC ATDO  
RECEIVED APRIL 4, 2022

Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two are named, list under PARTICULARS below.)

Name  
Atlanta Gastroenterology and associates

No. Employees, Members  
15+

Phone No. (Ind. Area Code)  
4042579000

Street Address  
5671 Peachtree Dunwoody Rd, Atlanta, GA 30342

Name

No. Employees, Members

Phone No. (Ind. Area Code)

Street Address  
City, State and ZIP Code

DISCRIMINATION BASED ON (Check appropriate box(es).)

RACE       COLOR       SEX       RELIGION       NATIONAL ORIGIN  
 RETALIATION       AGE       DISABILITY       GENETIC INFORMATION  
 OTHER (Specify)

DATE(S) DISCRIMINATION TOOK PLACE

Earliest

Latest

CONTINUING ACTION

THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):

I began working at the above-named employer in 2020. My supervisor Ms. Chrishandra Johnson sexually harasses me. She has repeatedly commented on my breast, touched me inappropriately, and given me sexual toys. She makes me extremely uncomfortable, and I have complained to my employer. But to date Ms. Johnson has not yet been terminated. The harassment got so bad that I had to use FMLA leave. I'm set to return from FMLA leave shortly, and I fear the harassment and retaliation will continue.

I believe I have been sexually harassed and retaliated against in violation of Title VII of the Civil Rights Act as amended.

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

NOTARY - When necessary for State or Local Agency requirements

I declare under penalty of perjury that the above is true and correct.

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWEARN TO BEFORE ME THIS DATE  
(month, day, year)

04/04/2022

Date

Charging Party Signature